

## Secretary of State Statement of Information

100 SI-100

(California Nonprofit, Credit Union and General Cooperative Corporations)

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

 Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

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Secretary of State State of California

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2. 7-Digit Secretary of State File Number

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3. Business Addresses	
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a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code	
1801 SOUTH GRAND AVE	LOS ANGELES	CA	90015	
b. Malling Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code	
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4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

		Last Name			Suffix
		SHIN			
	City (no	abbreviations)	State	Zip Code	<del>'</del>
	GAR	RDENA	CA	90247	
Middle Name		Last Name		<del></del>	Suffix
		KIM			ļ
	City (no	abbreviations)	State	Zip Code	
	TOP	RRANCE	CA	90501	
Middle Name		Lest Name			Suffix
		LIM			
	City (no	abbreviations)	State	Zip Code	*
	GLE	NDALE	CA	91214	
		Middle Name  City (no TOR  Middle Name  City (no	City (no abbreviations) GARDENA  Middle Name Last Name KIM City (no abbreviations) TORRANCE Middle Name Last Name	City (no abbreviations)  GARDENA  CA  Middle Name  Last Name  KIM  City (no abbreviations)  TORRANCE  Last Name  Last Name  Lim  City (no abbreviations)  State  CA  Middle Name  Lim  City (no abbreviations)  State  State  CA	City (no abbreviations)  GARDENA  CA 90247  Middle Name  Last Name  KIM  City (no abbreviations)  TORRANCE  CA 90501  Middle Name  Last Name  LIM  City (no abbreviations)  State  Zip Code  90501

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
JAYONG		KUH			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1801 SOUTH GRAND AVE	LOS ANGELES		CA	90015	

CORPORATION - Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 5a or 5b

## 6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

Type or Print Name of Person Completing the Form

02/07/2017

Date

JE HWAN LIM

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CFO

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